

|   |  |                               |  |                            |  |
|---|--|-------------------------------|--|----------------------------|--|
| <b>AMENDMENT TRANSMITTAL LETTER</b>       |  |                               |  | Docket No.<br>36488-188318 |  |
| Application No.<br>10/635,570-Conf. #8316 |  | Filing Date<br>August 7, 2003 |  | Examiner<br>C. M. Larose   |  |
|   |  |                               |  | Art Unit<br>2624           |  |

Applicant(s): Stephane Côté

Invention: **INTERACTIVE TOOL FOR REMOVAL OF ISOLATED OBJECTS ON RASTER IMAGES**

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED  |   |   |                                   |          |      |
|--|---|---|-----------------------------------|----------|------|
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate     |      |
| <b>Total Claims</b>  | 37  | - 37 =                                  | 0                                 | x 50.00  | 0.00 |
| <b>Independent Claims</b>  | 5   | - 5 =                                   | 0                                 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |   |   |                                   |          |      |
| Other fee (please specify):  |   |   |                                   |          |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                          |   |   |                                   |          | 0.00 |

☒ Large Entity
 ☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.

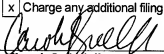
☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 22-0261  
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

  
 Caroline J. Swindell  
 Attorney Reg. No.: 56,784

Dated: April 4, 2007

VENABLE LLP  
 P.O. Box 34385  
 Washington, DC 20043-9998  
 (703) 760-1676


842415

|  |  |                          |                        |
|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> |  | <b>Complete if Known</b> |                        |
|  |  | Application Number       | 10/635,570-Conf. #8316 |
|  |  | Filing Date              | August 7, 2003         |
|  |  | First Named Inventor     | Stephane Côté          |
|  |  | Examiner Name            | C. M. Larose           |
|  |  | Art Unit                 | 2624                   |
|  |  | Attorney Docket No.      | 36488-188318           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  |                          |                        |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00   |  |                          |                        |

| METHOD OF PAYMENT (check all that apply)  |                                      |   |                               |   |                                  |          |                      |
|---|--------------------------------------|---|-------------------------------|---|----------------------------------|----------|----------------------|
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order  | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |                                  |          |                      |
| <input type="checkbox"/> Deposit Account  |                                      | Deposit Account Number: <u>22-0261</u>  |                               | Deposit Account Name: <u>Venable LLP</u>                |                                  |          |                      |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                                      |   |                               |   |                                  |          |                      |
| <input type="checkbox"/> Charge fee(s) indicated below  |                                      | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                               |   |                                  |          |                      |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                                      | <input checked="" type="checkbox"/> Credit any overpayments                       |                               |   |                                  |          |                      |
| FEE CALCULATION   |                                      |   |                               |   |                                  |          |                      |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                                      |   |                               |   |                                  |          |                      |
| Application Type  | FILING FEES                          |   | SEARCH FEES                   |   | EXAMINATION FEES                 |          | Fees Paid (\$)       |
|   | Small Entity                         | Fee (\$)  | Small Entity                  | Fee (\$)  | Small Entity                     | Fee (\$) |                      |
| Utility   | 300                                  | 150   | 500                           | 250   | 200                              | 100      | _____                |
| Design  | 200                                  | 100   | 100                           | 50  | 130                              | 65       | _____                |
| Plant   | 200                                  | 100   | 300                           | 150   | 160                              | 80       | _____                |
| Reissue   | 300                                  | 150   | 500                           | 250   | 600                              | 300      | _____                |
| Provisional   | 200                                  | 100   | 0                             | 0   | 0                                | 0        | _____                |
| <b>2. EXCESS CLAIM FEES</b>   |                                      |   |                               |   |                                  |          |                      |
| <b>Fee Description</b>  |                                      |   |                               |   |                                  |          | <b>Small Entity</b>  |
|   |                                      |   |                               |   |                                  |          | <b>Fee (\$)</b>      |
| Each claim over 20 (including Reissues)   |                                      |   |                               |   |                                  |          | 50                   |
| Each independent claim over 3 (including Reissues)  |                                      |   |                               |   |                                  |          | 200                  |
| Multiple dependent claims   |                                      |   |                               |   |                                  |          | 360                  |
|   |                                      |   |                               |   |                                  |          | 180                  |
| <b>Total Claims</b>   |                                      | <b>Extra Claims</b>   | <b>Fee (\$)</b>               | <b>Fee Paid (\$)</b>                                    | <b>Multiple Dependent Claims</b> |          |                      |
| - 57 =  |                                      | x   | =                             | _____   | <b>Fee (\$)</b>                  |          | <b>Fee Paid (\$)</b> |
| HP = highest number of total claims paid for, if greater than 20.   |                                      |   |                               |   |                                  |          |                      |
| <b>Indep. Claims</b>  |                                      | <b>Extra Claims</b>   | <b>Fee (\$)</b>               | <b>Fee Paid (\$)</b>                                    |                                  |          |                      |
| - 8 =   |                                      | x   | =                             | _____   |                                  |          |                      |
| HP = highest number of independent claims paid for, if greater than 3.  |                                      |   |                               |   |                                  |          |                      |
| <b>3. APPLICATION SIZE FEE</b>  |                                      |   |                               |   |                                  |          |                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                      |   |                               |   |                                  |          |                      |
| <b>Total Sheets</b>   | <b>Extra Sheets</b>                  | <b>Number of each additional 50 or fraction thereof</b>                           | <b>Fee (\$)</b>               | <b>Fee Paid (\$)</b>                                    |                                  |          |                      |
| - 100 =   | /50                                  | (round up to a whole number) x  | =                             | _____   |                                  |          |                      |
| <b>4. OTHER FEE(S)</b>  |                                      |   |                               |   |                                  |          |                      |
| Non-English Specification, \$130 fee (no small entity discount)   |                                      |   |                               |   |                                  |          |                      |
| Other (e.g., late filing surcharge): _____  |                                      |   |                               |   |                                  |          |                      |

| SUBMITTED BY      |                      |                                   |                |
|-------------------|----------------------|-----------------------------------|----------------|
| Signature         |                      | Registration No. (Attorney/Agent) | 56,784         |
| Name (Print/Type) | Caroline J. Swindell | Telephone                         | (703) 760-1676 |
|                   |                      | Date                              | April 4, 2007  |

|  |  |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
|--|--|--------------------|------------------------|-------------|----------------|----------------------|---------------|----------|------|---------------|--------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b>                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>10/635,570-Conf. #8316</td> </tr> <tr> <td>Filing Date</td> <td>August 7, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Stephane Côté</td> </tr> <tr> <td>Art Unit</td> <td>2624</td> </tr> <tr> <td>Examiner Name</td> <td>C. M. Larose</td> </tr> <tr> <td>Attorney Docket Number</td> <td>36488-188318</td> </tr> </table> | Application Number | 10/635,570-Conf. #8316 | Filing Date | August 7, 2003 | First Named Inventor | Stephane Côté | Art Unit | 2624 | Examiner Name | C. M. Larose | Attorney Docket Number | 36488-188318 |
| Application Number                                       | 10/635,570-Conf. #8316   |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| Filing Date  | August 7, 2003   |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| First Named Inventor                                     | Stephane Côté  |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| Art Unit   | 2624   |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| Examiner Name  | C. M. Larose   |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| Attorney Docket Number                                   | 36488-188318   |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| (to be used for all correspondence after initial filing) |  |                    |                        |             |                |                      |               |          |      |               |              |                        |              |
| Total Number of Pages in This Submission                 |  |                    |                        |             |                |                      |               |          |      |               |              |                        |              |

| <b>ENCLOSURES (Check all that apply)</b>  |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> <b>Fee Transmittal Form SB/17</b><br><input type="checkbox"/> Transmittal Form<br><input checked="" type="checkbox"/> <b>Amendment (10 pages)</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> <b>Amendment Transmittal Letter</b><br><input checked="" type="checkbox"/> <b>Yellow filing receipt</b><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Remarks         </div> <div style="width: 70%;"></div> </div>   |  |  |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>   |  |  |
| Firm Name   | VENABLE LLP  |  |
| Signature   |    |  |
| Printed name  | Caroline J. Swindell   |  |
| Date  | April 4, 2007  | Reg. No. 56,784  |

# PATENT PROSECUTION RECEIPT OF FILING

## 138934

Venable Filing Number

Atty. Docket No: 36488-188318

Attorney/LAA: CJS:cja

PTO Due Date: April 10, 2007

Current Date: April 4, 2007

Title of Application:

INTERACTIVE TOOL FOR REMOVAL OF ISOLATED OBJECTS ON RASTER IMAGES

Application No:

10/635,570

Filing Date: August 7, 2003

Patent No.:

Issue Date:

The following items were received from Venable LLP, Washington, D.C.,  
by the U.S. Patent & Trademark Office on the date stamped hereon:

### U.S. PTO FEES ENCLOSED

- ☒ Amendment Transmittal Letter
- ☒ Fee Transmittal Form SB/17
  - New U.S. Patent Application
  - ( pages of specification/claims)
- ☒ Transmittal Form SB/21
  - Rule 53(b) Continuation or Divisional Application
  - (attach copy of specification, claims, drawings and declaration)
  - U.S. National Stage Application of PCT Application
  - Request for Continued Examination (RCE) under 37 CFR 1.114
  - Application Data Sheet
  - Substitute Specification
  - Priority Document-Cert. Copy of
  - Appln.#: ; Country: ; Date Filed:
  - Formal Drawings ( sheets, Figs.)
  - Inventor Declaration
  - Assignment w/Cover Sheet
  - Response to Notice to File Missing Parts
  - Response to Notice to File Missing Requirements
  - Response to Requirement
  - Information Disclosure Statement with cited references
  - Response
- ☒ Amendment (10 pages)
- ☒ Yellow filing receipt
  - Power of Attorney
  - Petition to Revive
  - Sequence Listing - CDR Enclosed? Yes No
  - Request for Non-Publication
  - Reply Brief (in triplicate) / Request for Oral Hearing
  - Confirmation of Hearing Petition
  - Issue Fee Transmittal
  - Certificate of Correction
  - Maintenance Fee Transmittal
- Status Inquiry

Other: (Please describe below)

Reviewed By:

Signature of Attorney

|      |                          |
|------|--------------------------|
|      | Filing Fee               |
|      | Surcharge Fee            |
|      | Additional Claim Fee     |
|      | Recordation/Indexing Fee |
|      | IDS Fee                  |
|      | Extension Fee            |
|      | Notice of Appeal Fee     |
|      | Brief on Appeal          |
|      | Oral Hearing Request Fee |
|      | Petition Fee             |
|      | Issue Fee                |
|      | Publication Fee          |
|      | Maintenance Fee          |
|      | Other Fees (Describe)    |
| 0.00 | Total Fees Paid          |

Charge the above fees as follows:

- ☐ USPTO Deposit Account No. 22-0261
- ☐ USPTO Deposit Account No.
- ☐ USPTO not to charge any Deposit Account

Date

4/4/07